Nebraska Department of Education 301 Centennial Mall South • PO Box 94987 • Lincoln, NE 68509

## **MEMBERSHIP APPLICATION**

|   | ersonal Information:   |
|---|--|
|   | a. Name:   |
|   | b. Address:  |
|   | c. City/Zip:   |
|   | d. Phone: Home/Work (please circle one)  |
|   | e. E-mail address:   |
|   | f. Fax number:   |
| Q | ualification(s):   |
|   | An individual with a disability A member of the State Independent Living Council A representative of a parent training and information center A representative of the client assistance program A vocational rehabilitation counselor A representative of community rehabilitation program service providers A representative of business, industry, or labor Specify: |
|   | A representative of a disability advocacy group Specify:   |
|   | A representative of the State Workforce Investment Board A representative of the State Department of Education, Special Education Division A current or former applicant for, or recipient of, vocational rehabilitation services A representative from an organization or group not described above Specify:  |

In general, please describe your past or current involvement with individuals who have disabilities.

| Any current or past invol                       | vement with Vocational Rehabilitation?   |
|---|--|
| Are you working with an                         | organization that is concerned with a specific disability area?  |
| 3. Responsibilities:                            |  |
| Please indicate your willingness                | s to take on these responsibilities:   |
| a. Attend all meetings (approxi 3:00 p.m.): YES | mately every other month, in Lincoln, on a <b>weekday</b> , and typically from 10:00 a.m. to NO  |
| b. Participate on various subco                 | ommittees to prepare reports or plans: YES NO  |
| c. Gather and report informatio YESNO           | on on the need to develop and expand vocational rehabilitation services in the State:  |
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| Please return application to:                   | State Rehabilitation Council NE Department of Education 301 Centennial Mall South Lincoln, NE 68509-4987 402.471.4341 (phone) 402.471.0788 (fax) pam.kasl@nebraska.gov |